PROVIDER NEWSLETTER

A Newsletter for the Molina Healthcare of Illinois (MHIL) Provider Network

Second Quarter 2023

In This Issue

Payment Solutions

Molina Healthcare has partnered with our payment vendor, Change Healthcare, to disburse all payments and payment support via the ECHO Health (ECHO) platform. Access to the ECHO portal is **free** to providers, and we strongly encourage you to register after receiving your first payment from Molina.

The ECHO payment platform offers enhanced functionality to serve Molina providers, such as e-check and virtual credit card (where available). Additionally, 835s (also known as an Electronic Remittance Advice or ERA) will be generated and available to you for every transaction. You will also have access to yearly 1099s directly through your account.

ECHO support is available to answer questions regarding registration and 835s: **(888) 834-3511**.

Login or register for the ECHO payment platform today: providerpayments.com/Login.

NPPES Review for Data Accuracy

Please review your National Provider Identifier (NPI) data in the National Plan & Provider Enumeration System (NPPES) to ensure that accurate provider data is displayed. Providers are legally required to keep their NPPES data current.

When reviewing your provider data in NPPES, please update any inaccurate information in modifiable fields—including provider name, mailing address, telephone and fax numbers, and specialty—to name a few. You should also make sure to include **all** addresses where you practice and **actively** see patients, and where a patient can call to make an appointment.

Do **not** include addresses where you **could** see a patient, but do not actively practice.

Please remove any practice locations that are no longer in use. Once you update your information, you must confirm it is accurate by certifying it in NPPES. Remember, NPPES has no bearing on billing Medicare Fee-For-Service.

If you have any questions pertaining to NPPES, you may reference NPPES help at NPPES.cms.hhs.gov.

Medicaid Redeterminations Resuming

Molina strives to always support our providers and members. During the COVID-19 Public Health Emergency (PHE), Medicaid enrollees received uninterrupted health care coverage without annual proof of eligibility requirements.

The Centers for Medicare & Medicaid Services (CMS) has provided guidance requiring all state Medicaid agencies to resume redetermination activities by April 30, 2023.

Our goal is to ensure all your Medicaid patients remain covered and have access to the care they need, when they need it. We've created an Redetermination Frequently Asked Questions (FAQ) information page on our website. It includes the information your patients (our members) need to renew their Medicaid coverage and continue receiving care.

The FAQ provides Illinois-specific information about Medicaid renewal, including the redetermination timeline and other helpful resources. You can help by sharing the information with your Medicaid patients—especially what to expect from the process, useful links, and phone numbers—to help educate them on the importance of:

- Updating their contact information with HFS.
- Renewing their Medicaid coverage.

Members In Residence

Molina urges all Long-Term Care facilities, Skilled Nursing Facilities, and Supportive Living Facilities to review and update the address/contact information for every resident currently receiving Medicaid services; this includes both Medicaid and MMP/Duals. Reference this provider memo for helpful information.

Visit MHIL Redetermination Information Page.

Goodbye PHE, Hello PA

The impending end of the COVID Public Health Emergency (PHE) means a return to normalcy for many managed care processes. Medicaid redeterminations are resuming, as well as Prior Authorization (PA) requirements. Physical therapy, occupational therapy, and speech therapy require PA from Molina.

Authorization requirements had been waived during the PHE, which is scheduled to end May 12, 2023. All services delivered above and beyond the following visit exemptions on or after May 12, 2023, will require Prior Authorization. Please plan ahead for members currently expected to require care after May 12, 2023:
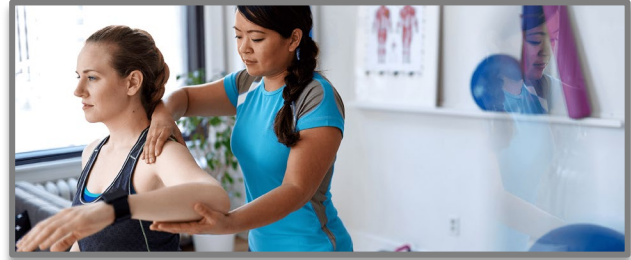
- For Medicaid, Home Health requires PA after evaluation and six visits per calendar year.
- For Medicare, Home Health requires PA after first three visits per calendar year.
- Outpatient requires PA after 12 visits per calendar year.

Reference this provider memo for additional details.

Is Your Authorization Request Truly Urgent?

Molina Healthcare renders decisions on Prior Authorization (PA) requests as quickly as a member's health requires. In accordance with CMS and state guidelines, providers may submit expedited (urgent) requests when standard timelines could seriously jeopardize a member's life or health.

When submitting PA requests, keep the following in mind:

- The recommended route for Prior Authorization submission is through the Availity Essentials Portal, which can also accommodate supporting documentation. Additionally, providers may be able to receive immediate approval for advanced imaging requests by utilizing the MCG Cite AutoAuth tool available through portal submissions.

- An urgent/expedited service request designation should be used **only when "applying the standard time for making a determination could seriously jeopardize the life or health of the enrollee or the enrollee's ability to regain maximum function."** When submitting requests that don't fulfill this definition, please mark them elective/routine in the portal submission process (or on the Molina PA Request Form if requesting via fax).

- By requesting an expedited/urgent authorization, providers are asking Molina to make a decision within mandated time frames. Due to the expediency needed, the provider or office staff **must** be available to answer any potential questions about the request in a timely manner.

- Submit **all** necessary information with the request. Failure to do so will require Molina to ask for additional information, which could delay the decision. If Molina requests more information, we urge providers to respond **immediately** to allow Molina to render a decision within the mandated expedited time frame.

- Molina will provide PA notification and decisions in accordance with CMS and/or any state guidelines, which may include verbal and written decisions.

Molina works to respond to **all** requests in a timely manner to avoid delays in care. We strive to meet the Turnaround Times (TAT) required by accrediting bodies and state law 100% of the time.

Submitting Electronic Data Interchange (EDI) Claims

Submitting claims electronically through methods like clearinghouses or through the Availity Essentials Portal offers many advantages:
- Improved HIPAA compliance
- Reduced operational costs associated with paper claims (printing, postage, etc.)
- Increased accuracy of data and efficient information delivery
- Fewer claim delays since errors can be corrected and resubmitted electronically
- Claims reach Molina faster and, therefore, are paid faster
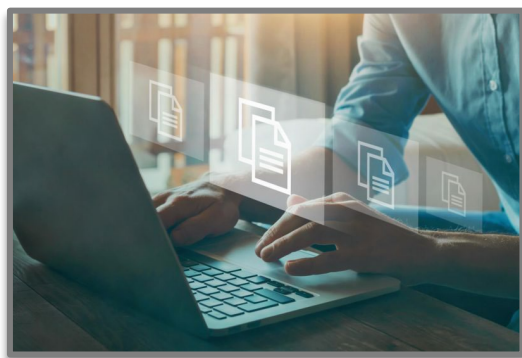
How To Submit EDI Claims

A clearinghouse is the easiest way to submit EDI claims to Molina. You may submit EDI transactions through Molina's gateway clearinghouse, Change Healthcare, or use a clearinghouse of your choice. If you do not have a clearinghouse, Molina offers additional options for electronic claims submissions. Log onto the Availity Essentials Portal at provider.Molinahealthcare.com for more information.

Frequently Asked Questions

- Can I submit Coordination of Benefits (COB) claims electronically?
  - Yes, Molina and our connected clearinghouses fully support electronic COB.

- Do I need to submit a certain volume of claims to send EDI?
  - No, any number of claims via EDI saves both time and money.

- Which clearinghouses are currently available to submit EDI claims to Molina?
  - Molina uses Change Healthcare as our partner for EDI claims. You may use the clearinghouse of your choice. Change Healthcare partners with hundreds of other clearinghouses.

- Which claims EDI transactions does Molina Utilize?
  - 837P (Professional claims) and 837I (Institutional claims)
  - 270/271 (Health Care Eligibility Benefit Inquiry and Response)
  - 278 (Health Care Services Review - Request for Review and Response)
  - 276/277 (Health Care Claim Status Request and Response)
  - 835 (Health Care Claim Payment/Advice)

- What is Molina's Payer ID?
  - Molina Healthcare of Illinois' **Payer ID is 20934**.

- What if I still have questions?
  - More information is available at Molinahealthcare.com under the EDI/ERA/EFT tab.

Legacy Portal Access Will Sunset This Year

Availity Essentials is the official, secure portal for provider transactions with Molina Healthcare. Available to all Molina providers at no cost, it is designed to reduce administrative burden and make it simple to conduct secure transactions and obtain reports.

Molina is sunsetting our legacy tool, the Molina Provider Portal, sometime this year—meaning **the only way** to take advantage of portal functions will be by logging in to Availity.

Enhance your workflows on Availity Essentials today and save time using these tools:

Availity Tool	Timesaving Functionality
Claim Status	Expanded search options include member name, service dates, claim history, and the 276 HIPAA standard.
Smart Claims	A simplified claim submission tool with only the essential fields you need.
Eligibility & Benefits	Use data from prior eligibility & benefit submissions to search for patients and autofill your claim. On the Eligibility & Benefits Results page, you can also review visit limits, deductibles, and out-of-pocket amounts accumulated toward the plan limit for your Molina Marketplace members.
Attachments	Upload supporting documentation (up to 10 attachments) with your claim using the Send Attachments feature.
Payer Space	Access applications, resources, and news and announcements specific to Molina. Access tools still on Molina's Legacy Portal from the Resources tab in the Payer Space: Prior Authorization, Appeals or Correct Eligible Claims, Referrals, Member roster, Claims template, Case Managed.

Your Blueprint for Success

Learning your way around a new neighborhood is easier with a guide. For a list of tools and features available on Availity Essentials, use the [Crosswalk from Molina Healthcare to Availity Essentials Help Topic](#) (you must log in to Availity to view). Or visit our [Welcome Page as a jumping-off point.](#)

If you're a registered Availity Essentials user, you can also take advantage of our live webinars, Availity Essentials Provider Portal Overview for Molina Providers. Simply log in, go to Help & Training > Get Trained to register for a webinar.

Provider Updates Exclusively for Illinois
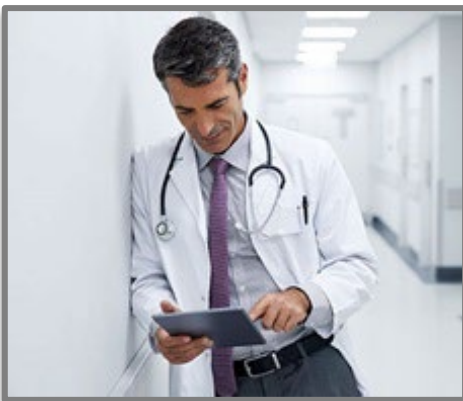
Molina Healthcare of Illinois communicates provider information regularly. This includes everything from critical updates to live webinar schedules to billing guidance.

Subscribe to MHIL provider updates and never miss a thing.

The updates are custom curated specifically for Illinois providers. **[Subscribe now](#)**!

Featured PsychHub Training: Trauma Informed Care

Molina's featured PsychHub training for this quarter is Trauma Informed Care.
We encourage providers to adopt trauma-informed practices in all primary and specialty settings. Trauma-informed care is a practice of identifying and acknowledging a patient's life experiences in order to deliver effective care (per SAMHSA). Medical practices that implement trauma-informed care have the potential to improve engagement, adherence, and overall health outcomes for their patients.

Through Molina's partnership with PsychHub, providers and office staff alike can access this two-part training to become more familiar with this approach to care and the benefits of applying it within their populations.

TRAUMA-INFORMED CARE: FOUNDATIONS (PART 1)

This course provides a firm foundation before learning about the principles and practice of trauma-informed care. The intended audience for this course includes the healthcare team and behavioral health providers.

Intermediate | 2.25 Hours | 1.50 - 2.00 CE CREDITS

COURSE DETAILS

TRAUMA-INFORMED CARE: FOUNDATIONS (PART 2)

This course continues the learning of Trauma-Informed Care understanding and application that began in Trauma-Informed Care: Foundations (Part 1).

Intermediate | 2.25 Hours | 1.25 - 2.25 CE CREDITS

COURSE DETAILS

PsychHub is an online platform for digital behavioral health education. Molina providers are able to access PsychHub's online learning courses through PsychHub's Learning Hub for **free**. Continuing education opportunities are also available to select providers through a variety of courses. Contact your Provider Network Manager to learn more.

[Click here to visit PsychHub and create your free account!](#)

Marketplace Benefit Interpretation Policy Guide
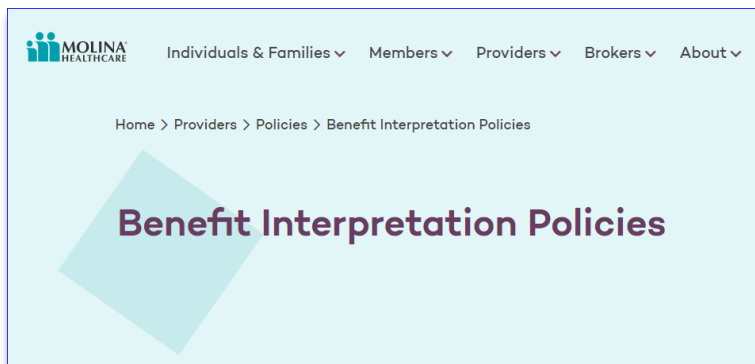
Molina Healthcare is committed to bringing transparency to providers around the benefits available to all of our members, including Marketplace. One way we do this is by making our Marketplace benefit interpretation policies available for reference and review on the MolinaMarketplace.com website. The Marketplace benefit interpretation policies provide:

- Description of the benefit(s) from the Marketplace Evidence of Coverage (EOC) filed with the state.
- Overview of applicable federal and/or state regulations for Illinois.
- Enhancements to the Marketplace benefit by state, if any.
- Applicable exclusions for each Marketplace state.
- Clinical perspective, if any.

How To Access

Visit MolinaMarketplace.com Provider > Policies > Benefit Interpretation Policies.

Note: Be sure Illinois selected in the dropdown menu at the top of the page.

Website: Benefit Interpretation Policies (molinamarketplace.com).

Help Your Patients Tackle SDOH

Molina is proud to offer Molina Help Finder, a wonderful resource powered by findhelp, that helps Molina members find the resources and services they need, when they need them, right in their communities.

With Molina Help Finder, providers like you can address Social Determinants of Health (SDOH) by referring patients in real time.

Simply enter the patient's ZIP code and search by category for the types of services needed, like food, child care, education, housing, employment, and more. Results can then be narrowed by applying personal and program-specific filters.

Visit MolinaHelpFinder.com to learn more. Try it with your patients and show them how simple and effective this tool is.

Need Further Support?

Please outreach to Molina's Care Management team: CMescalationIL@molinahealthcare.com

Save Your Patients Money With the Humira® Biosimilar Amjevita®

In January 2023, Amjevita® (adalimumab-atto)—the first biosimilar for Humira® (adalimumab)—was made available to patients in the United States. Molina Healthcare is dedicated to providing value in the drug coverage our plans offer.

Drug lists for Molina plans offered on the health care exchange (i.e., Marketplace/Commercial) were updated April 1, 2023, to include coverage for Amjevita with Prior Authorization. A number of additional biosimilars are anticipated to launch later in 2023. Molina's Pharmacy & Therapeutics Committee will review each drug, launch-by-launch, for formulary consideration. Humira will continue to be listed on formulary at least through the end of 2023.

For Medicaid, many state's Medicaid agencies design a single state preferred drug list for all Managed Care Organizations to use. Some state Medicaid agencies may be adding one or more Humira biosimilars to the drug lists they design this year, independent of Molina decisioning for the drug lists we design. Please check your Medicaid patients' drug list regularly for any updates to coverage.

Note: When you consider prescribing Amjevita for a patient, you may consider that Amjevita has two different price tags.

Amgen, the manufacturer of Amjevita, has set two prices: one with a lower cost and no rebate offering, and one with a higher cost and a rebate offering.

- Packages with the National Drug Codes 72511-04-0001 or 72511-04-0002 have an ingredient cost of about $3,200 for a one-month (2x 40 mg dose) supply.
- Packages with the National Drug Codes 55513-04-0001 or 55513-04-0002 or 55513-04-1101 or 55513-04-1001 have an ingredient cost of about $6,700 for a one-month (2x 40 mg dose) supply.
- This is in comparison to the ingredient cost of $7,100 for a one-month (2x 40 mg dose) supply of the originator product, Humira.
- Amgen offers a patient assistance program to help with patient cost-sharing according to need.

You may also consider that Amjevita is a low-concentration, citrate-free formulation that has labeled indications for the following conditions:

- Rheumatoid Arthritis
- Juvenile Idiopathic Arthritis
- Psoriatic Arthritis
- Ankylosing Spondylitis
- Crohn's Disease
- Ulcerative Colitis
- Plaque Psoriasis

It is available as a single-dose prefilled syringe or SureClick® autoinjector. The key difference between Amjevita and the Humira product in current use is product concentration. A few years ago, Humira's manufacturer launched and replaced its low-concentration product (40mg/0.8mL) with a high-concentration one (40mg/0.4mL). Most of the biosimilars launching this year are in reference to Humira's previous low-concentration version of the drug.

NCH Oncology and Cardiology Prior Auth—Portal Access

Molina is reminding providers that non-pediatric oncology and cardiology Prior Authorization (PA) has been delegated to New Century Health (NCH) for Medicaid and MMP/Duals. **Important: NCH portal access is critical in obtaining the necessary Prior Authorizations.**

Get Portal Access

To submit PA requests, check eligibility, and more, oncology and cardiology providers **must** register for the NCH online provider portal. Providers must fill out and submit provider information worksheets to obtain portal access:

- **Cardiology** provider worksheet: Download
  - o Fill out and email to pmcclendon@newcenturyhealth.com
- **Oncology** provider worksheet: Download
  - o Fill out and email to lbradshaw@newcenturyhealth.com

Lockbox Address for Refund Checks

Molina is reminding providers of the address change for our Overpayment Deposit Account. This account is for refund payments only. The address for other transactions remains unchanged. Lockbox mailing address for **refund payments only**:

Molina Healthcare of Illinois, Inc.
PO Box 631264
Cincinnati, OH 45263-1264

The address for other correspondence, including disputes, is a different address:

Refund Lockbox Address	Dispute/Correspondence Address
Molina Healthcare of Illinois, Inc. PO Box 631264 Cincinnati, OH 45263-1264	Molina Healthcare of Illinois, Inc. Claims Recovery Department P.O. Box 2470 Spokane, WA 99210-2470

Reference this provider memo for additional details.

Clinical Policy Update Highlights from First Quarter 2023

Molina Clinical Policies (MCPs) are located at molinaclinicalpolicy.com. The policies are used by providers, as well as Medical Directors and internal reviewers, to make medical necessity determinations. MCPs are reviewed annually and approved bimonthly by the Molina Clinical Policy Committee (MCPC).

The following new policies were approved:
- MCP-429: Hemgenix (etranacogene dezaparvovec-drlb)
- MCP-425: Hydrogel Spacer for Prostate Radiotherapy (SpaceOAR)
- MCP-427: Microwave Tumor Ablation
- MCP-428: Mobile Cardiac Outpatient Telemetry
- MCP-426: Stem Cell Therapy for Orthopedic Applications

The following policies were revised:
- MCP-067: Back Braces
  - Coverage Policy section includes TLSO, CTLSO, LSO, and other types of back braces
- MCP-321: Category III CPT Codes
  - Inserted T-code table with code ranges and descriptions
- MCP-364a: COVID-19 Copays and Cost Share Marketplace
- MCP-364b: COVID-19 Copays and Cost Share Medicaid
- MCP-364c: COVID-19 Copays and Cost Share Medicare
  - Updated limit for 90-day prescription volumes (from "up to three [3] 30 days" to "up to a 90-day supply"). Included Novavax to Overview section
- MCP-335: Deep Brain Stimulation for Epilepsy
  - Previously Experimental/Investigational – criteria updated to include coverage
- MCP-406: Enteral Nutrition
  - Added Related Policies section with Relizorb (immobilized lipase cartridge) MNR Policy Number: C17943-A (Medicaid) and Relizorb (immobilized lipase cartridge) NC C12081-A (Marketplace)
  - NOTE: Next review expected in Oct 2023
- MCP-216a: Gender Affirmation Treatment and Procedures Medicaid
- MCP-216b: Gender Affirmation Treatment and Procedures Medicare
- MCP-216c: Gender Affirmation Treatment and Procedures Marketplace
  - Updated the duration of hormone therapy for adults from 12 months to six months per WPATH 8 update; included updates to national and specialty organizations, including WPATH 8
- MCP-312: Magnetic Resonance Guided Focused Ultrasound MRgFUS for Essential Tremor
  - Updated Coverage Policy section to Medically Necessary
- MCP-407: Negative Pressure Wound Therapy (formerly Wound Care)
  - Criteria now addresses NPWT only; extraneous criteria removed
- MCP-275: Noninvasive Positive Pressure Ventilation
  - Coverage Policy section includes criteria for patients with COPD and those when BPAP/CPAP is not indicated. Added Continuation of Therapy section
- MCP-412: Prescription Digital Therapeutics
  - Added Luminopia One™ (Luminopia, Inc.) and CureSight (NovaSight, Ltd.) for amblyopia; Mahana™ for IBS (Mahana Therapeutics, Inc.); MindMotion™GO (MindMaze) for stroke telerehabilitation; Tidepool Loop (Tidepool) for T1DM
- MCP-384: Water Vapor Thermal Therapy for BPH
  - Coverage Policy section defines "symptomatic" moderate to severe LUTS with #a and #b (aligns with CMS LCD L37808)
    - From Diagnosis of moderate to severe LUTS (International Prostate Symptoms Score [IPSS] typically 13 or over)
    - To Diagnosis of symptomatic moderate to severe LUTS including:
      - International Prostate Symptoms Score (IPSS) $\geq$ 13 or over AND
      - Maximum urinary flow rate (Qmax) of $\leq$15 mL/s (voided volume greater than 125 cc)
  - Updated Limitations and Exclusions to align with CMS LCD L37808):
    - Known or suspected prostate cancer (based on NCCN Prostate Cancer Early Detection guidelines)

- or a prostate specific antigen (PSA) >10 ng/mL
- History of bacterial prostatitis in the past three months
- Prior prostate surgery
- Neurogenic bladder
- Active urethral stricture (i.e., the source of the current LUTS)

- MCP-348: Zolgensma (onasemnogene abeparvovec)
  - Updated Overview, Coverage Policy, Summary of Evidence, and References sections
  - IRO Peer Review completed by a board-certified practicing physician in Neurological Surgery
  - The following criteria were updated:
    - #3: No change in intent of criteria; clarification by addition of 'Clarified genetic confirmation of SMA with bi-allelic mutations' (as per indication)
    - #4 (copies of SMN2 gene): Revised from 'No more than 2 copies of the SMN2 gene' revised to: No more than 3 copies of the SMN gene
    - #5: Removed criterion: Less than six months of age at the onset of symptoms
    - #7 (previous treatments): Revised criteria from 'Confirmation/attestation of member's current and previous enrollment in clinical trials, history of treatment with gene therapy, prior antisense oligonucleotide treatment, or cell transplantation related to SMA or Zolgensma, including:' Revised to: Confirmation/attestation of member's current and previous SMA treatments
  - Criteria updates continued:
    - #7c: Revised criteria to allow for members who are/have been on Evrysdi or Spinraza to receive Zolgensma. Previous criteria only allowed tx-naïve patients:
      - Revised from: Member is not currently receiving therapy with an investigational or commercial product, including Spinraza (nusinersen) or Evrysdi (risdiplam), for the treatment of SMA
      - Revised to: Zogensma will not be used in combination with an investigational treatment or alternative SMA therapy [e.g., Spinraza (nusinersen), Evrysdi (risdiplam)]. Treatment must be discontinued prior to infusion of Zolgensma]
  - #7c: Revised Molina Clinical Reviewer note:
    - Revised from: Molina Clinical Reviewer: May also engage with Prescriber/treating physicians to determine whether switching to Zolgensma therapy may offer a superior chance of clinical benefit
    - Revised to: Molina Clinical Reviewer: Review clinical history and profile; terminate current authorizations for SMN modifying therapy upon approval of Zolgensma
  - Criteria updates continued:
  - #11: Revised criterion. Broaden criteria to ensure that member does not have advanced SMA (per labeling):
    - Revised from: Member must not currently require permanent ventilation defined by the need for continuous ventilator support (invasive or non-invasive ventilation) for more than 16 hours during a 24-hour period for at least 14 days without an acute, reversible illness: a. Invasive ventilatory support; b. Pulse oximetry < 95% saturation; c. Use of non-invasive ventilation (BiPAP) beyond use for naps and nighttime sleep
    - Revised to: Member does not have advanced SMA, including but not limited to ANY of the following: a. Complete paralysis of limbs; or b. Invasive ventilatory support (tracheostomy); or c. Non-invasive ventilator support (e.g., CPAP, BPAP) for greater than 16 hours/day

- #12: Added criteria. Member will receive systemic corticosteroids (equivalent to oral prednisolone at 1 mg/kg) prior to and following administration of Zolgensma in accordance with the FDA approved Zolgensma labeling
- Criteria updates continued:
  Limitations and Exclusions criteria:
    - Removed (under exclusions): 'ANY of the following concomitant medical condition(s)' and added respiratory exclusions as per labeling in 'experimental, investigational, and unproven' section
    - Removed (under exclusions): Member's weight: At screening visit is < 2 kg, OR Weight-for-age is below the third percentile based on World Health Organization (WHO) Child Growth Standards
    - Revised (under 'experimental, investigational, and unproven'): Revised from 'Prior treatment, or being considered for treatment, with other gene therapy, prior antisense oligonucleotide treatment, or cell transplantation for SMA.' Revised to: 2. Prior treatment, or being considered for treatment, with other gene therapy
    - Removed (under 'experimental, investigational, and unproven'): Type 2 and 3. Clinical evidence for Type 2 and 3 SMA are not available at this time. Clinical trials are currently recruiting (SPRINT trial)
    - Added: Complete paralysis of limbs (FDA approved labeling, 2022)
    - Added: Advanced Spinal Muscular Atrophy (FDA approved labeling, 2022)

Radiology

- MCP-124: 3D Interpretation and Reporting of Imaging Studies
  - Included additional indications in the Coverage Policy section – brain tumors, congenital cardiac/cardiovascular anomalies; complex fractures (especially those extending intraarticularly); endovascular intervention for aneurysms; hepatic tumors for targeted radiotherapy or radioembolization; High Intensity Focused Ultrasound ablation of tumors of prostate, liver, pancreas and uterine fibroids; maxillofacial tumors or congenital anomalies; spinal canal or osseous spinal tumor radiotherapy planning; temporal bone procedures involving semicircular canals or cochlear; tumors for planned radiofrequency, microwave, or other thermal ablation; and vascular stents and grafts. IRO review available
- MCP-614: Chest MRI (reinstated)
- MCP-618: Lumbar Spine CT (reinstated)
- MCP-629: Upper Extremity MRI (reinstated)

The following policies have been retired and are no longer available on the website:

- MCP-639: Abdomen MRI
- MCP-601: Brain CT
- MCP-619: Cervical Spine MRI
- MCP-612: Chest CT
- MCP-647: CT Angiography Heart with 3D Image CCTA
- MCP-620: Thoracic Spine MRI
- MCP-355: Occipital Nerve Block Therapy for Headache and Occipital Neuralgia
- MCP-224: Stereotactic Radiosurgery and Stereotactic Body Radiotherapy

** Note: Policy had an update in January & February 2023.

Cultural Competency Resources for Providers and Office Staff

Let's partner to achieve health equity! Go to MolinaHealthcare.com to complete refresher trainings on Cultural Competency and review topics related to communicating with diverse patient populations. You and your staff will improve health care through better understanding and addressing disparities.

As our partner, assisting you is one of our highest priorities. We look forward to supporting your efforts, so **all** patients have the equal opportunity to attain their highest level of health.

Molina is committed to improving health equity as a culturally competent organization. We support and adhere to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care as established by the Office of Minority Health. We also maintain compliance with accreditation standards focused on multicultural health care.

Cultural and linguistic competency is the ability to provide respectful and responsive care to patients with diverse values, beliefs, and behaviors, including tailoring health care delivery to meet patients' social, cultural and linguistic needs.

A series of short Cultural Competency Training videos are available to providers and office staff at MolinaHealthcare.com.

Training Topics

- Video 1: Introduction to Cultural Competency
- Video 2: Health Disparities
- Video 3: Specific Population Focus—Seniors and Persons with Disabilities
- Video 4: Specific Population Focus—LGBTQ and Immigrants/Refugees
- Video 5: Becoming Culturally Competent

You may participate in any or all five training modules. Upon completion, please complete the provider attestation form on the Culturally and Linguistically Appropriate Resources/Disability Resources page.

ADA Resources: Provider Education Series

A series of provider education materials related to disabilities is now available to providers and office staff at MolinaHealthcare.com:

- American with Disabilities Act (ADA)
- Members who are Blind or have Low Vision
- Service Animals
- Tips for Communicating with People with Disabilities & Seniors

Language Access Services

Language access services ensure mutual understanding of illness and treatment, increase patient satisfaction, and improve the quality of health care for Limited English proficiency (LEP) patients. Molina strives to ensure good communication with members by providing language access services directly to members at no cost when needed:

- Written material in other formats (i.e., large print, audio, accessible electronic formats, Braille)
- Written material translated into languages other than English
- Oral and American Sign Language (ASL) interpreter services
- Relay service (711)
- 24-Hour Nurse Advice Line
- Bilingual/bicultural staff

In many cases, Molina will also cover the cost for a language or sign language interpreter for our members' medical appointments. Molina members and providers are instructed to call our contact center to schedule interpreter services or to connect to a telephonic interpreter.

Full Hearts—MHIL In the Community

On March 21, MHIL partnered with Fill A Heart 4 Kids in Lake Forest to fill boxes for homeless and foster kids. Fill A Heart 4 Kids will be delivering 500+ boxes filled with food and nonperishable items to schools across Lake County and the Cook North area in the upcoming weeks. This partnership is growing and will only get bigger as the year goes on!

On March 28, MHIL and Fill A Heart 4 kids distributed 500 food boxes and also provided free fresh fruits and bread from 2 to 5 p.m. at Hansen Park Elementary School in Chicago.

You Can Partner With MHIL In Your Community! CONTACT US to Contribute Goods or Services, or Provide a Venue!